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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/020,270
		Filing Date	12/12/2001
		First Named Inventor	Michael Black
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	RLT-112

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> <b>RECEIVED</b>
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Dr. Ron Jacobs, Reg. No. 50,142
Signature	
Date	7/3/02

### CERTIFICATE OF MAILING

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REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT

Application Number	10/020,270
Filing Date	12/12/2001
First Named Inventor	Michael Black
Group Art Unit	
Examiner Name	
Attorney Docket Number	RLT - 112

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Professional Ethics and Conflict of Interest.

JUL 17 2002  
TECHNOLOGY CENTER R3700

APPROVED  
JOHN E. KITTLE  
DIRECTOR

2900

4/3/2003

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TECHNOLOGY CENTER 3700-8 2900

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Maynard A. Howe

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This request is made on behalf of myself and

- all the attorneys/agents of record,
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number \_\_\_\_\_

This request is enclosed in triplicate (including any attachments).

Name

Ron Jacobs

Signature

Date

7/3/02

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Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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